Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a year OMB controllumber. PTO/SB/0(12-04) U.S. Peterd and Trademark Office; U.S. DEPARTMENT OF COMMERCE

APPLIA COLOR OF FORM PTO-875 Effective December 8, 2004													10180x 4 79				K.	
	•	APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY											OR	. (3HTC	R THA	NII.	
	. FOR		NUMBER FILED			NUMBER EXTRA						, U N	SMALL		LENTI	TY		
L	BASIC FEE (3) CFR 1.16(0), (6), er (c))	N A			N/A			RATE (T)			FEED		RATE	RATE (1)		EE (1)	
L	SEARCH FEE (3) CFR 1 16(4), (4	, ox (m))	N/A			Nu.			· N/A		<u>" </u>	\$260		, N/A			300.00	
L	EXAMINATION ((3) CFR 1.16(a), (c)	EE Fe	, N/A			1 N/A				. NVA		_		NIA		\$50)0	
L	TOTAL CLAIMS (3) CFR 1.16(1)		minus 20 a			•		\dashv	X\$ 25		\$100		٠	NIA		\$200		
INDEPENDENT CLAIMS			minus 3 e					-	X100		ļ	_ .	OR	X\$50 -				
1	APPLICATION SI EE 37 CFR 1.18(6))	. 1	If the specification and sheets of paper, the application of \$125 for small additional 50 sheets or (35 U.S.C. 41(a)(1)(G) a		tion and do	plication size fee due entity) for each			1 100			-		X200 .				
<u> </u>	MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.						11.1.1018/	1	+180=	ľ		-	-	+360-				
* If the difference in column 1 is less than zero, enter "0" in column 2.							_1	L	-	 -	-	L	+300:		· ************************************			
	APPLICATION AS AMENDED - PART II								TOTAL	ı	<u> </u>	_]		TOTAL	L	٠,		
AMENDMENTA		REMA AF AMENI AMEN	AIMS UNING TER OMENT CFR 1.16		3	ST DER USLY FOR	0		SMAI RATE (1) X\$ 25 X100 _		ADDI- HONAL FEE (1)	OR OR	×	\$MA RATE (1) \$50 200	LLEI	THAN VITTY ADDI TIONA FEE O	u l	
		L.	TOTAL ADD'L FEE	t	1	OR OR	TO	360= TAL D'L FEE	L	+								
ENT B	Total	CLAU REMAIN AFTE AMENDA	IING R IENT.	Minug.	HIGHES NUMBE PREVIOUS PAID FO	R SLY	(Column 3) PRESENT EXTRA		RATE (1)		ADOI: FEE (1)		R	ATE (\$)		ADDI-	1	
톍	OT CFR Election Independent PT CFR LIGHT	•		Minus	161	4	*		X\$ 25 .			OR	XS	50 .		EE (I)	-	
AMENDM	Application Size Fee (37 CFR 1.16(5))					1	=	L	X100 "			OR 1		00.		·	-	
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41	Il the entry in col	umm 1 ls le:	ss than th	e entry	in column 2,	wile "	0° la columa 3.	AT AA	OD'L FEE	*******		OR .	101/ ADD	L FEE		٠, ٠,	1	

If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by 87 CFR 1.16. The information is required to obtain or retain, a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will very depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this bounden, should be sent to the Chief Information Officer, U.S. Patient ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.